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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/763,831 07/11/2001 PAT 6,733,778,
 which is a 371 of PCT/US99/19847 08/27/1999 *Q.T*
 which is a CIP of 09/143,167 08/28/1998 PAT 6,174,548

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Q.T</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 0	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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TITLE

Omeprazole formulation

FILING FEE

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of